

DIVISION OF ADMINISTRATION SEPARATION FORM

TO BE COMPLETED BY EMPLOYEE

Name		Personnel No.	
Address		City	
Section		Civil Service Class Title	
		Zip Code	

- ☐ Resignation
☐ Retirement
☐ Death
☐ Transfer

Effective

Date

at

Time

☐ AM☐ PM

**For
Transfer,
Complete
This
Section**



TO:

Department: _____

Section: _____

Class Title: _____

MY REASON FOR LEAVING IS:

- ☐ Better Job – Private Industry
☐ Home Responsibilities
☐ Insufficient Pay
☐ Lack of Promotional Opportunity
☐ Moving to Another Area
☐ Poor Health
☐ Poor Relations with Fellow Employees

- ☐ Poor Relations with Supervisor
☐ Return to School
☐ Shift Work
☐ Transportation Problems
☐ Work Not Interesting
☐ Other (Specify) _____
☐ _____

☐ YES ☐ NO

I received a copy of the LDOL 77, Separation Notice Alleging Disqualification

I have turned in: ☐ YES ☐ NO ☐ N/A Credit Cards☐ YES ☐ NO ☐ N/A Desk Key☐ YES ☐ NO ☐ N/A Door Key☐ YES ☐ NO ☐ N/A Access Card

☐ YES ☐ NO

I want my retirement contributions refunded. If yes, complete ER-2, Refund Form, and forward to Employee Administration.

COMMENTS

Employee Signature	Date	Section Head Signature	Date
Commissioner's Office			Date